

each local registrar within 5 days after birth.

Supplement attached
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS **239** State Index No. **243**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **1725**
Local Registrar's No. **308**

PLACE OF BIRTH
County of Mariqua
District of No 3
Town of Mesa
or
City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Egbert J. Brown } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child <u>Male</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>#</u>	Legitimate <u>yes</u>	Date of Birth <u>July 19</u> 191 <u>6</u> (Month) (Day) (Yr.)
Full Name <u>Egbert J. Brown</u>		FATHER		Full Maiden Name <u>Margaret J. Kellywhite</u>	
Residence <u>Mesa Ariz.</u>		MOTHER		Residence <u>Mesa Ariz.</u>	
Color or Race <u>White</u>	Age at last Birthday <u>23</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>21</u> (Years)		
Birthplace <u>Alabama</u>		Birthplace <u>Ariz. Woodruff</u>			
Occupation <u>Farmer</u>		Occupation <u>Wife</u>			

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 19 1916, at 7:20 A.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) [Signature] (Attending physician, midwife, householder.*)
Address Mesa Ariz.

Given or christian name added from a supplemental report _____ 191____

525-719-435
COUNTY REGISTRAR.

Filed 8/4/16 1916
Filed 8/14/16 1916 A True Copy

J. E. Drake
LOCAL REGISTRAR
B. B. Nichols
COUNTY REGISTRAR